

Arthur J. Anderson

## CERTIFICATE OF DEATH

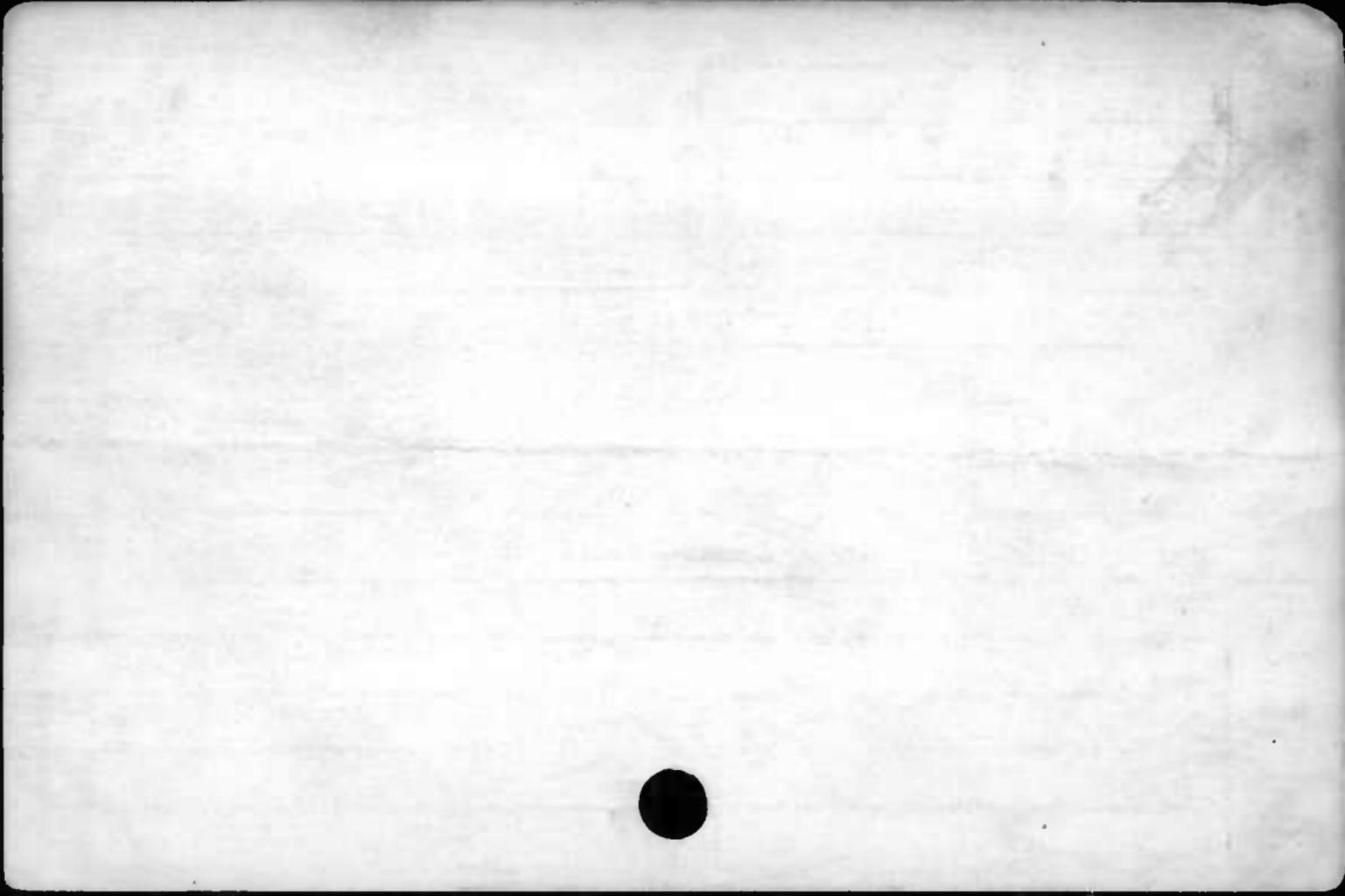
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Denton</u>		Town <u>Denton</u>		County <u>Caroline</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>March</u>	Day <u>15</u>	Age <u>-</u>	Years <u>-</u>	Months <u>10</u>	Days <u>-</u>	
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>2nd</u>					
Occupation <u>None</u>	Where Residing if not at place of death <u>None</u>						
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>-</u>						
Father's Name <u>Arthur J. Anderson</u>	Father's Birthplace <u>MD</u>						
Mother's Maiden Name <u>Emmeline Stetley</u>	Mother's Birthplace <u>MD</u>						
Name of person giving Information <u>Arthur J. Anderson</u>	How related to deceased <u>Father</u>						

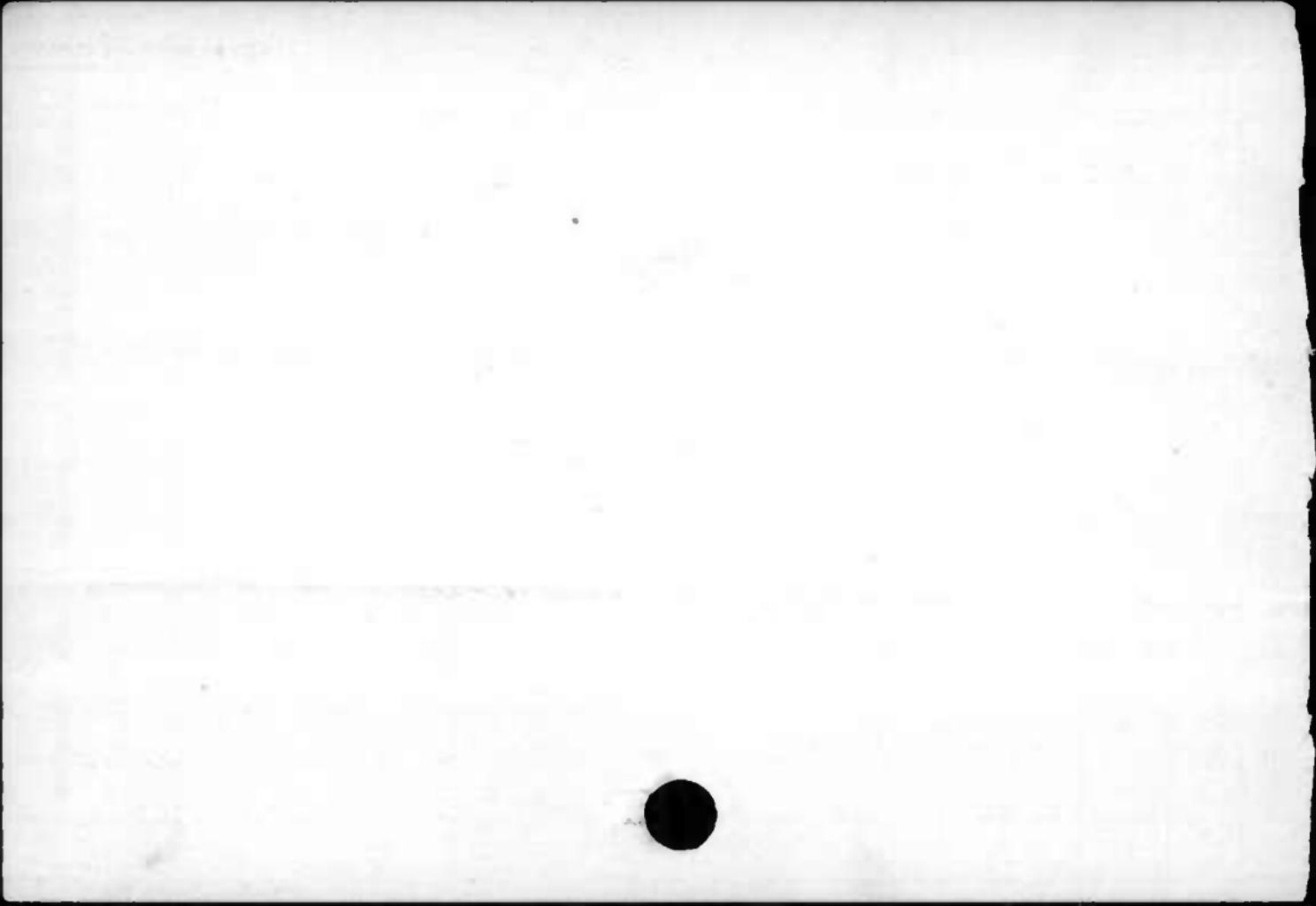
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia</u>	03	How long <u>2 weeks</u>
Immediate <u>None</u>		How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>P. H. L. Fisher</u>	Address <u>Dr. Fisher</u>
Accident or Suicide? <u>none</u>		nd



CERTIFICATE OF DEATH					
Died at New Goldsboro.		Town	County Caroline	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1906	March	2	3		1
Sex Male.	Color or Race	Col.		Birth- place	Chestertown
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Robert Baynard				
Mother's Maiden Name	Mable Stubner				
Name of person giving Information	W. A. Brown				
CAUSES OF DEATH					
Primary	93				
Immediate	Double Pneumonia				
Are the name, age, sex, color, date and place correctly given above?	Yes				
Signature of Physician	F. S. Brown				
Address	Goldsboro, N.C.				
Accident or Suicide?					



Name  
in  
Full

Geo. Washington Boile

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Ridgely		Town	County	MARYLAND	
Date of death 1906	Month March	Day 7	Years	Months 8	Days 15	
Sex Male	Color or Race	Black	Occupation	Birth-place	Md.	
Married Single or Widowed		Infant -				
Name of Wife or Husband	Frank Boile (Father's Name)					
Father's Name	Frank Boile					
Mother's Maiden Name	Boston					
Name of person giving information	Wesley Jarrel					
Landlord						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

93

How long

Eight days

Immediate

Only son child once

How long

Are the name, age, sex, color, date and place correctly given above?

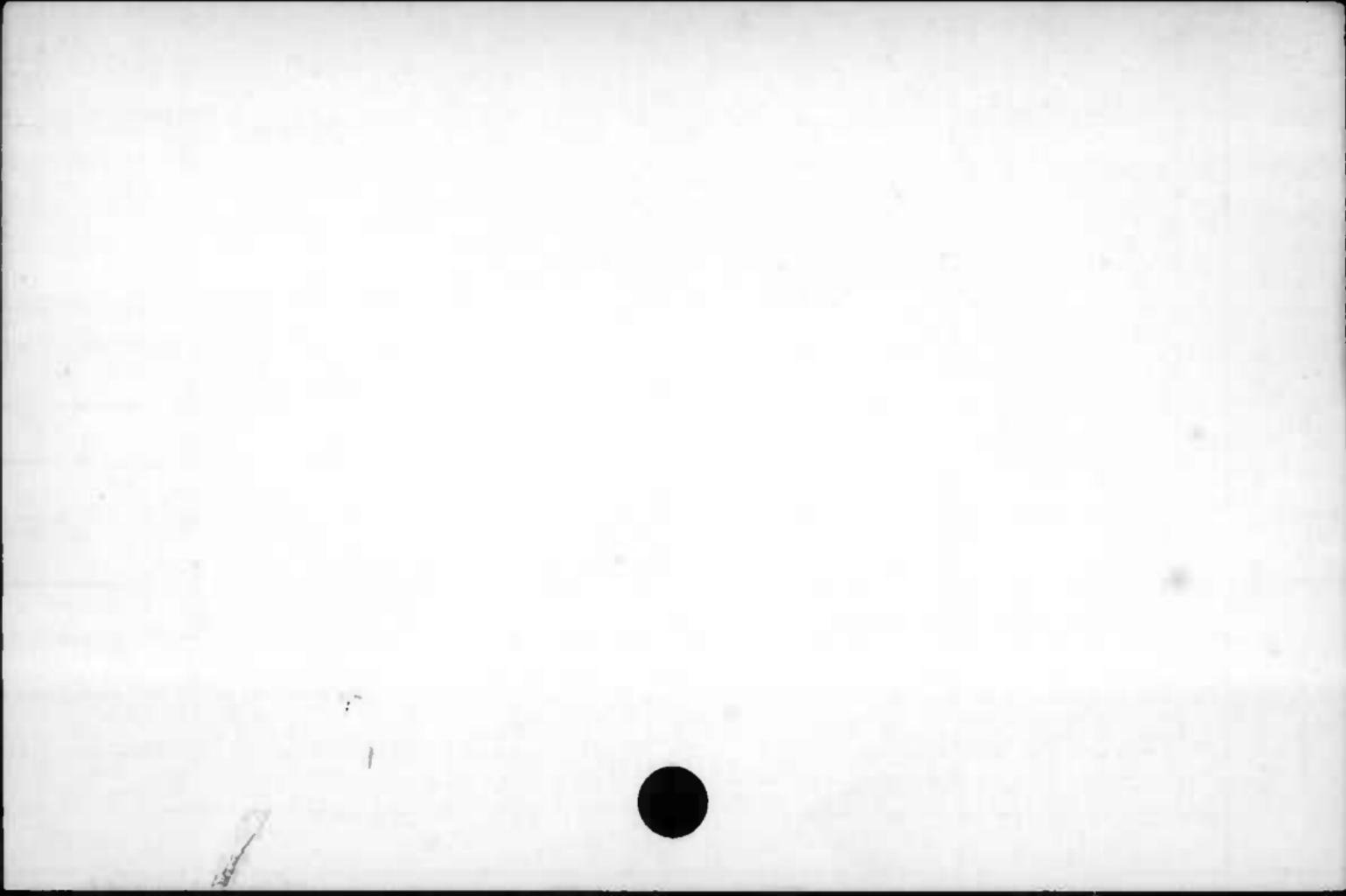
Yes

Signature of Physician

Address

H. N. Richards  
Ridgely  
Md.

Accident or Suicide?



Name  
in  
Full

Aura Camper

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1906	Month 3	Day 31	Age 13	Years 9	Months 9
Sex	Female		Color or Race	Black		Birth-place
Occupation			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	John W Camper		Father's Birthplace	Md		
Mother's Maiden Name	Hanna Camper		Mother's Birthplace			
Name of person giving information	Mrs Camper		How related to deceased			

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

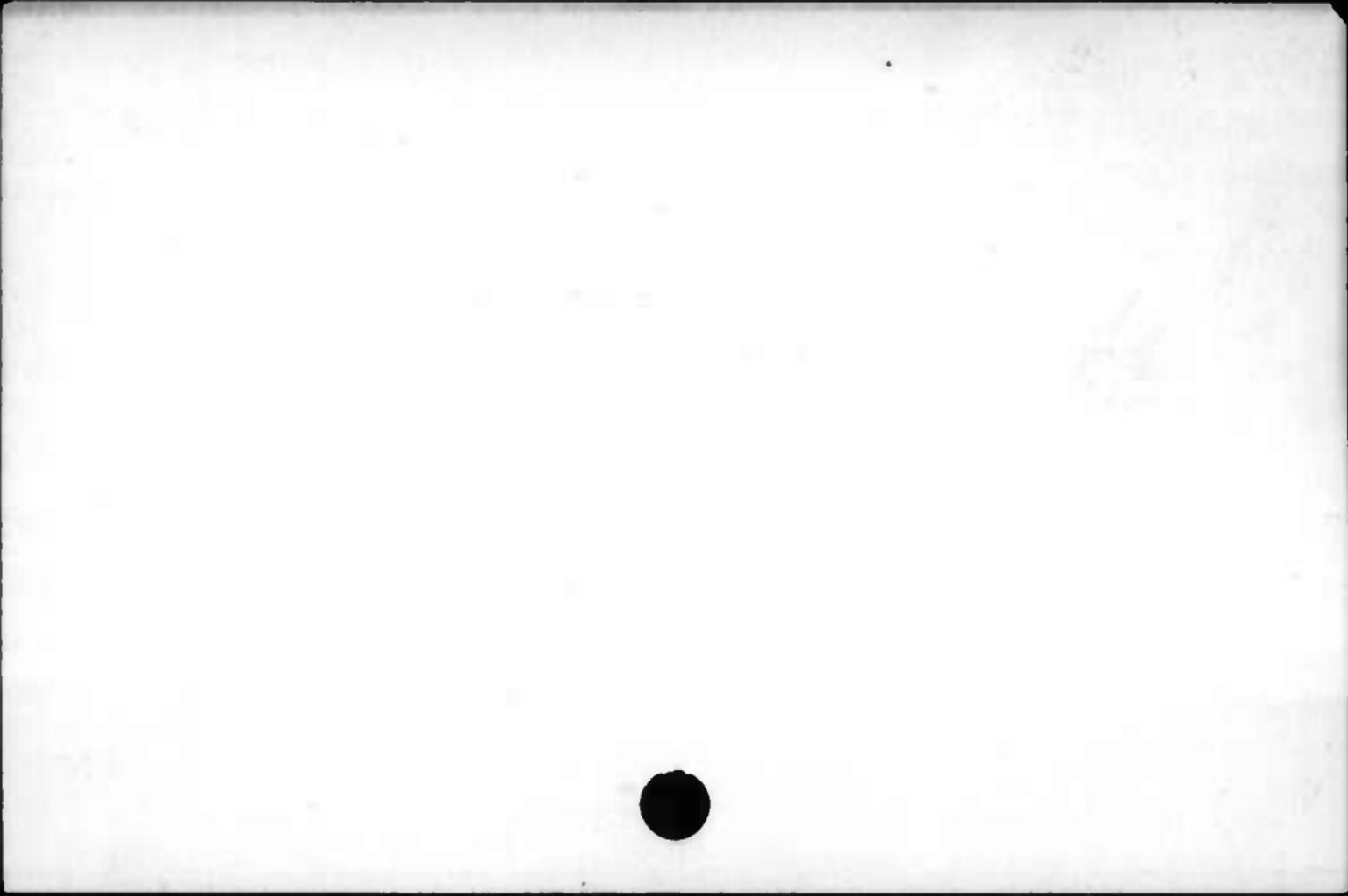
Primary	Ecclampsia	⑪	How long
Immediate	Do	⑪	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

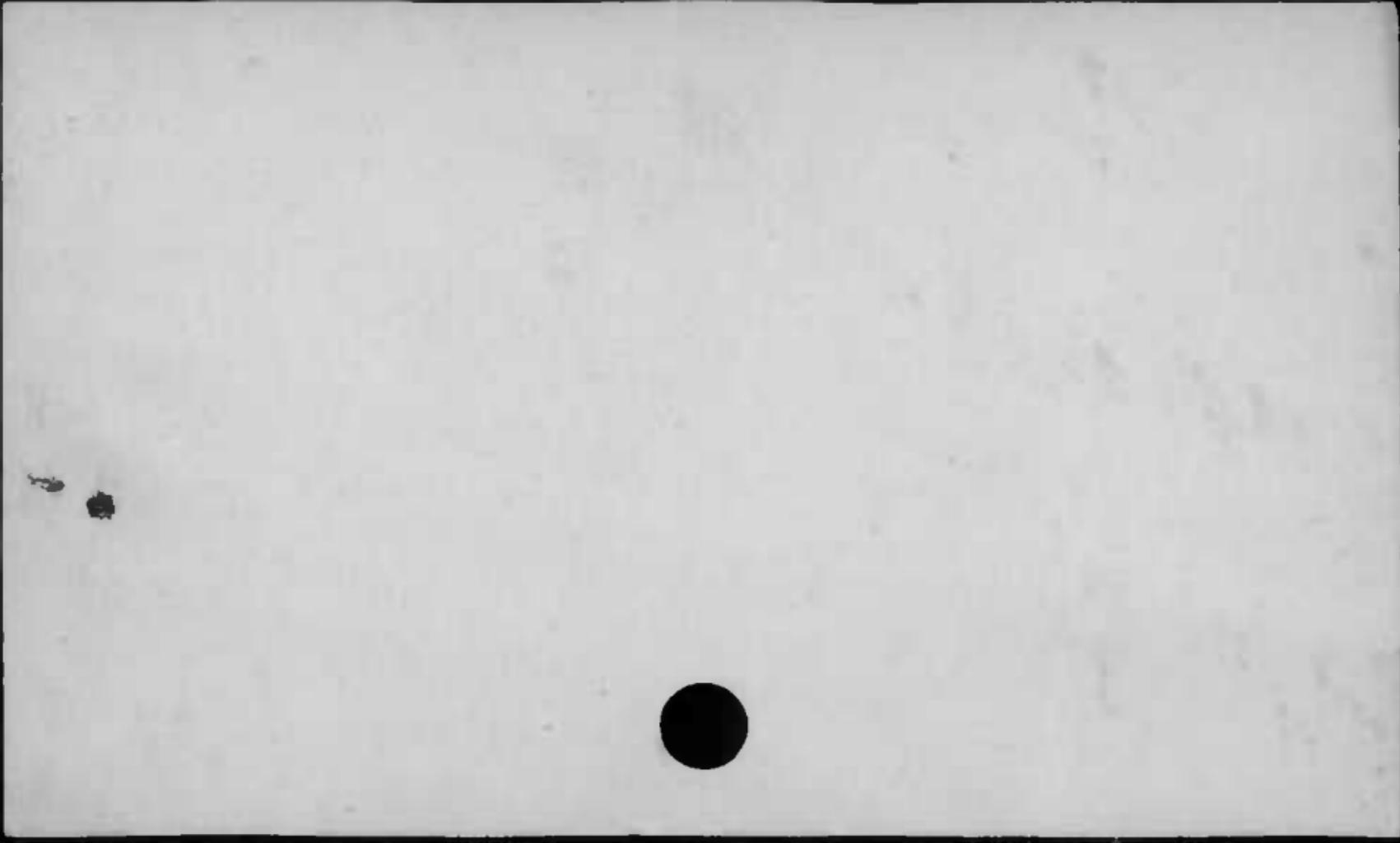
Address

Accident or Suicide?



William Collision				
Town	County			
Died at	Linton	Caroline		
Date 19	March 24 <sup>th</sup>	Month	Day	Y. M. D.
Male	White	Age	6 months	Native of W. Cleon
Front	Colored	Married	Widow	Occupation
Wife	Francesca Collision			Divorced
Father's Name	Ernest			Number of children living
Husband of	Francesca Collision			
Wife	Ernest			
Mother's				
Maiden Name				
Cause of Death	Primary: Pneumonia Immediate: do			How long sick 93 days
Reported by	Dr. C. S. Hardcastle			Accident, Suicide, Homicide 
Address	Linton, Ind			

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Alton Brooks Dean

CERTIFICATE OF DEATH

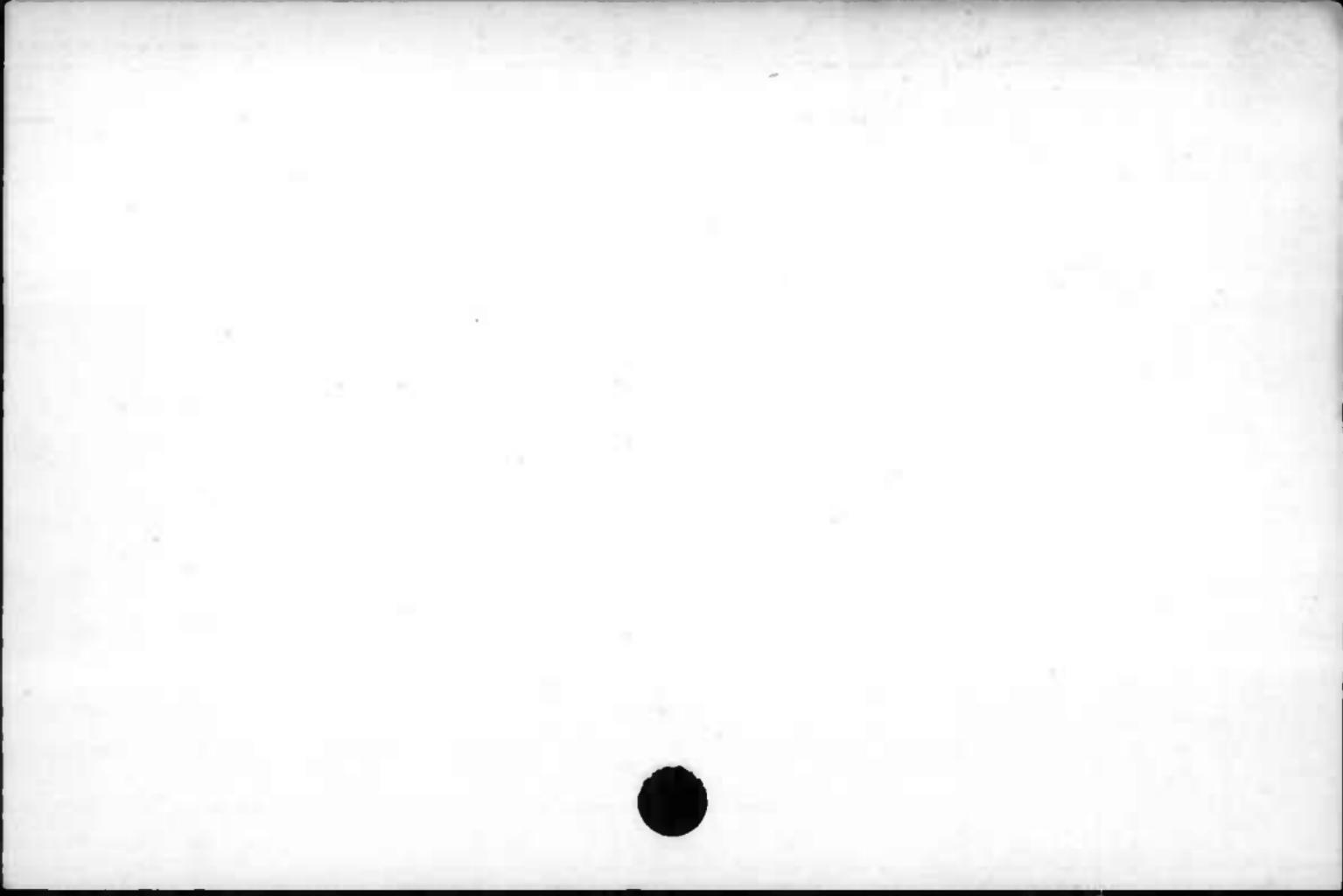
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1906	Mch	20	1
Sex	Age	Color or Race	Months Days
male	1	white	— 3
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	—	
Father's Name	John W. Dean	Father's Birthplace	Maryland
Mother's Maiden Name	Kate May Fluring	Mother's Birthplace	Maryland
Name of person giving information	John W. Dean	How related to deceased	Father

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary	Whooping Cough (8)	How long	one month
Immediate	Spinal Meningitis	How long	one day
Are the name, age, sex, color, date and place correctly given above?	Yrs	Signature of Physician	J. A. Hobble
		Address	Portsmouth Md
Accident or Suicide?			



Mary Matilda Dixon.

## CERTIFICATE OF DEATH

Died at		Town	County,		MARYLAND	
Date of death	1906	Month 3	Day 16	Years 19 -	Months	Days 16
Sex	Female	Color or Race	Colored.		Birth-place	Maryland
Occupation	Housewives		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Ernest Dixon			
Father's Name	James Flamer				Father's Birthplace	Maryland
Mother's Maiden Name	Sarah				Mother's Birthplace	"
Name of person giving Information	Ernest Dixon				How related to deceased	Husband

## CAUSES OF DEATH

Primary

Pregnancy

(38)

How long

9 months

Immediate

Puerperal Eclampsia

How long

3½ days

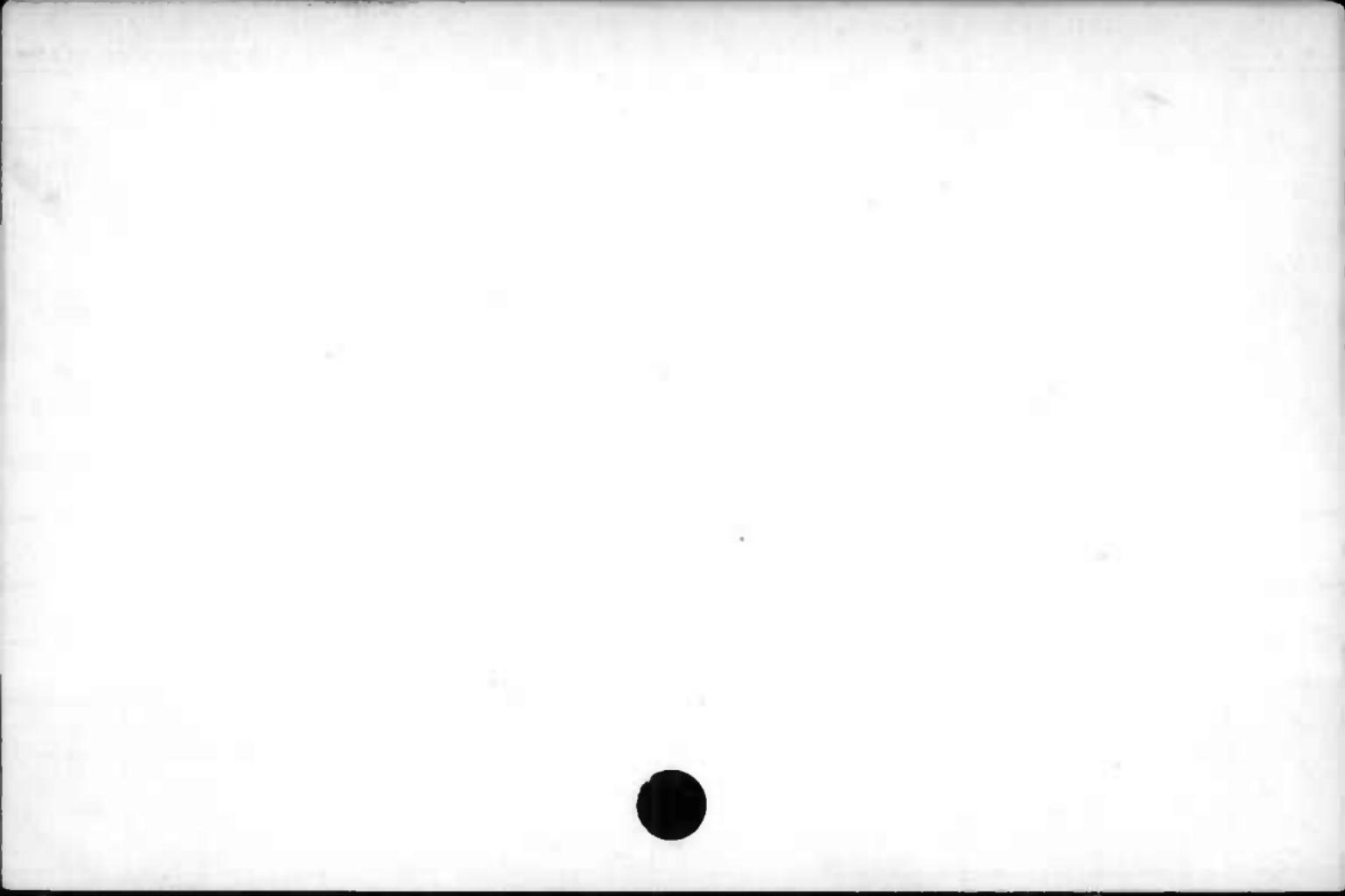
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

G. W. Simmons.

Accident or Suicide?



Name  
in  
Full

Ellen F Dargan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Ridgely</u> Town <u>Caroline</u> County		MARYLAND		
Date of death <u>1906</u>	Month <u>Mar</u>	Day <u>13</u>	Years <u>49</u>	Months <u>-</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Balto City</u>		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>J C Dargan</u>	Father's Name <u>Jas B Dargan</u>	Father's Birthplace <u>Balto City</u>	
Mother's Maiden Name <u>Rebecca Shultz</u>		Mother's Birthplace <u>Baltimore</u>		
Name of person giving information <u>C Dargan</u>		How related to deceased <u>Husband</u>		

CAUSES OF DEATH

Primary

Phthisis Pulmonalis

How long

5 years

Immediate

Exhaustion

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

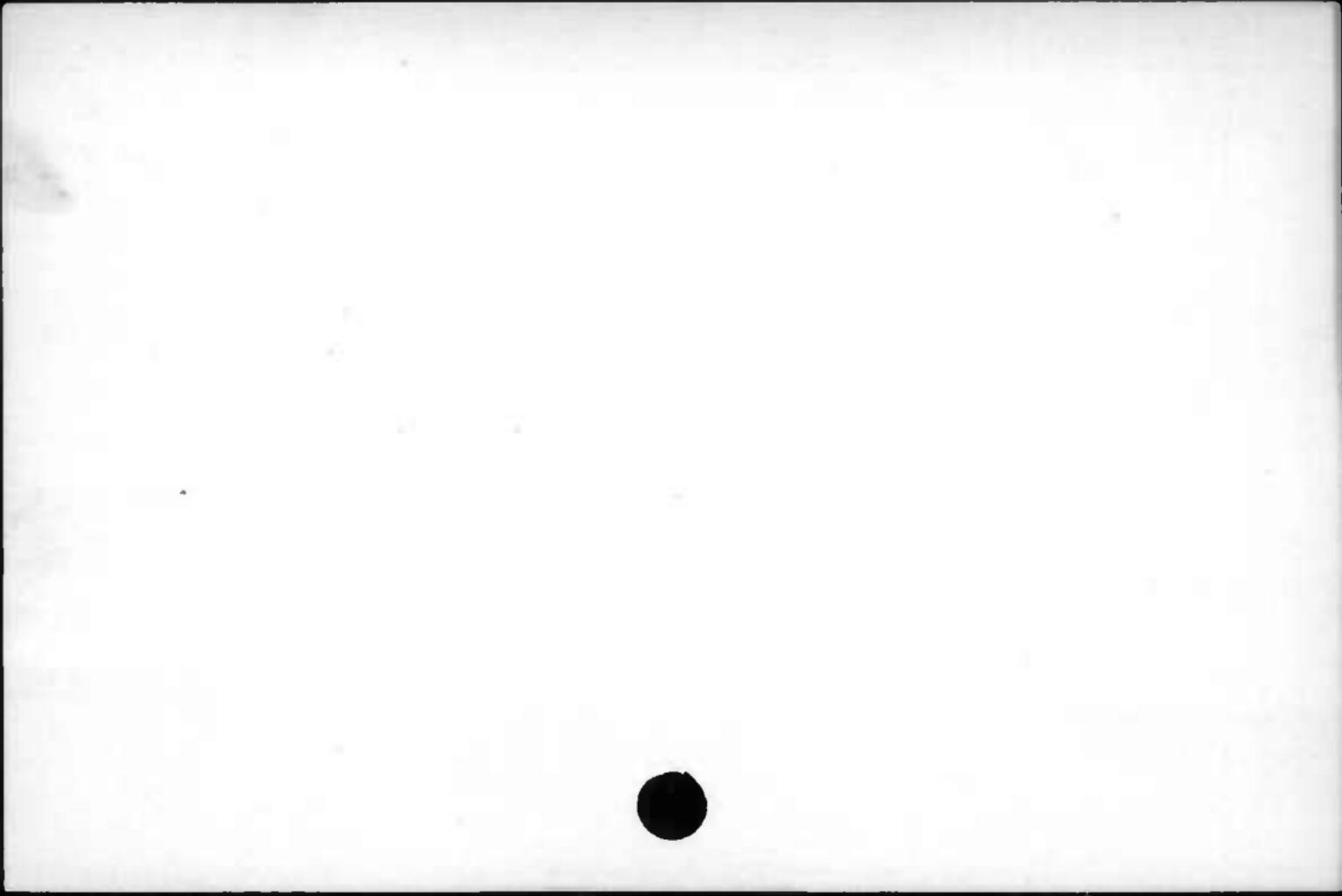
Signature of Physician

J. C. Madara

Address

Ridgely  
Md.

Accident or Suicide?



Name  
in  
Full

Mary V. Hammond

CERTIFICATE OF DEATH

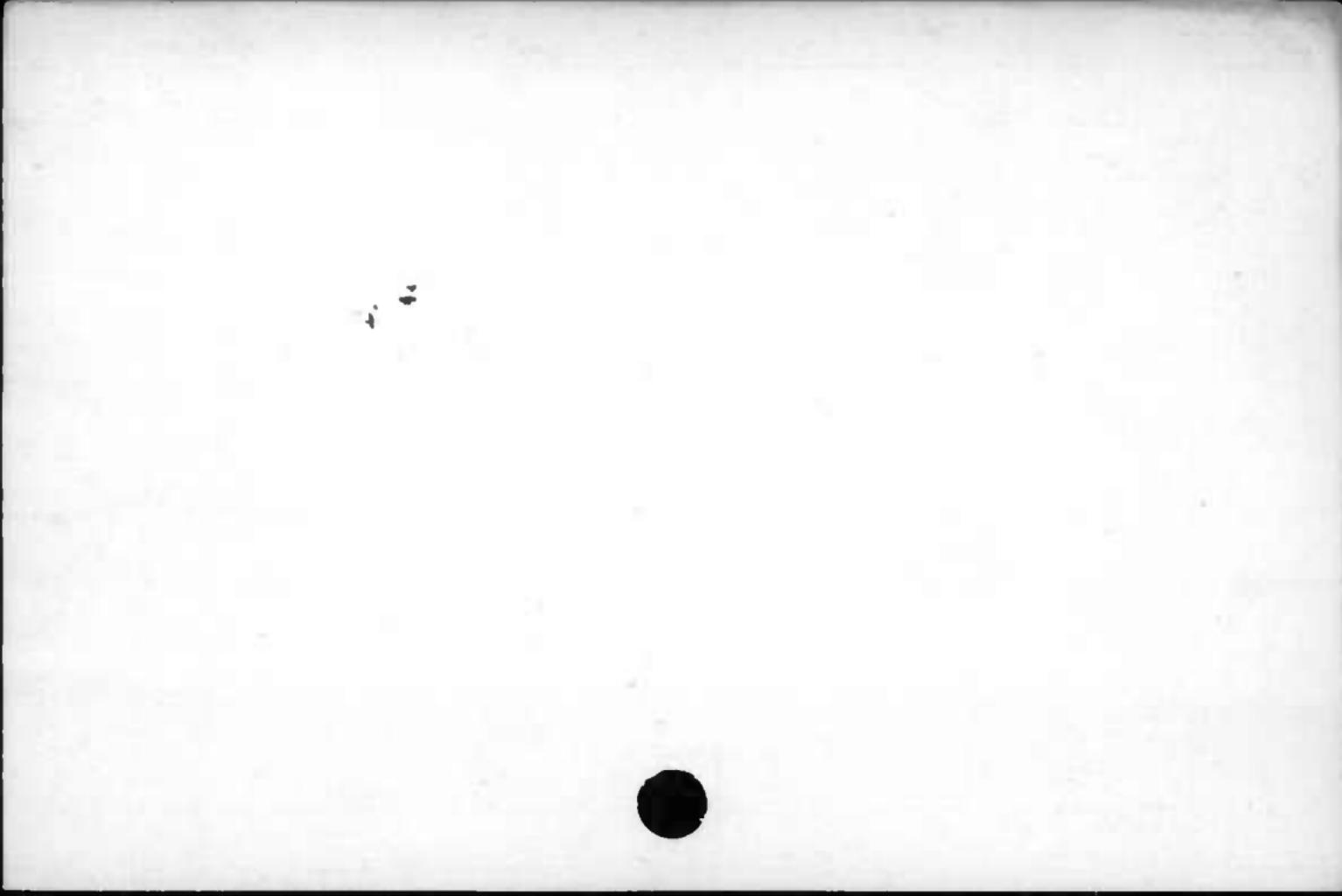
To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Ridgely</u>		Town	County <u>Caroline</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>7</u>	Day <u>2</u>	Years <u>15</u>	Age <u>15</u>	Months <u>2</u>	Days <u>2</u>
Sex <u>Female</u>	Color or Race <u>Negro</u>	Occupation		Where Residing if not at place of death <u>—</u>	Birth-place <u>Id -</u>	
Married, Single or Widowed	Name of Wife or Husband	—		—		
Father's Name <u>Solomon Hammond</u>	Father's Birthplace <u>Id</u>	—		—		
Mother's Maiden Name <u>Mary Hammond</u>	Mother's Birthplace <u>Id</u>	—		—		
Name of person giving Information <u>John E. Henry</u>	How related to deceased <u>Godsister</u>	—		—		

CAUSES OF DEATH

Primary <u>Measles</u>	⑥	How long <u>Three weeks</u>
Immediate <u>Pneumonia</u>		How long <u>one week</u>
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician <u>R. S. Stone</u>
		Address <u>Ridgely</u>
Accident or Suicide?		<u>Id</u>



Richard F. Henning

Town

Died at Denton

County

Caroline

## CERTIFICATE OF DEATH

MARYLAND

Date of death 1906 Month 3 Day 16 Years — Months 9 Days —

Sex Male Color or Race White Birth-place 21st of same

Occupation None Where Residing if not at place of death same

Married Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Richard Henning

2nd

Mother's Maiden Name

Mother's Birthplace

Martha Krabbe

Pa.

Name of person giving information

How related to deceased

Richard F. Henning

Father

## CAUSES OF DEATH

Primary

Pneumonia

93

How long

One week

Immediate

Same

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yes

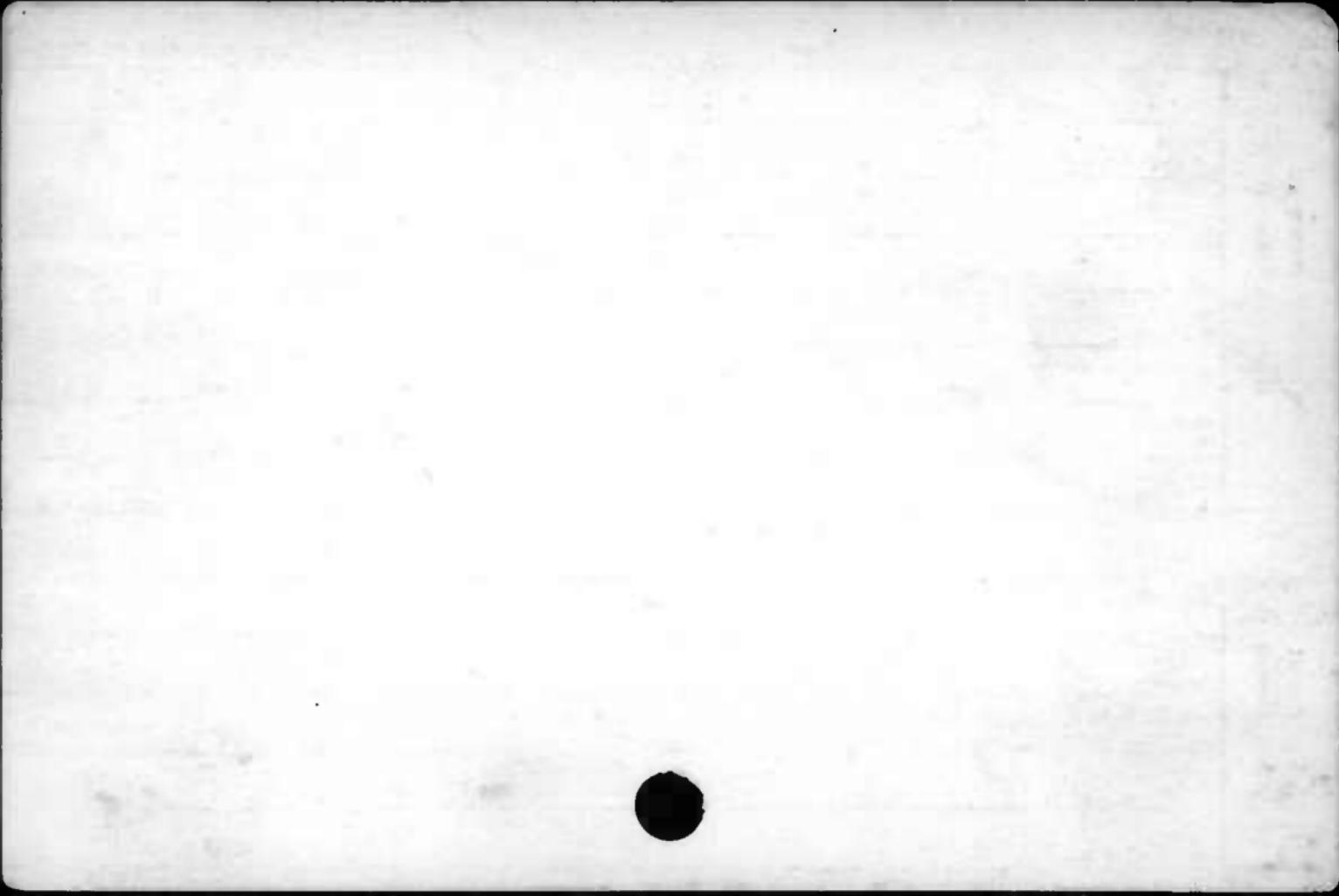
Signature of Physician

P. R. Fisher

Address

Doctor

Accident or Suicide?



Name  
in  
Full

Ernoch G Lane

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Ridgely		Town	County		MARYLAND	
Date of death	1906 March	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Age	20	2
Occupation	Farmer			Where Residing if not at place of death	—	
Married, Single or Widowed	Single	Name of Wife or Husband	—	—		
Father's Name	Ernoch Lane			Father's Birthplace	Md.	
Mother's Maiden Name	Sarah Hickerson			Mother's Birthplace	Md.	
Name of person giving information	Ernoch Lane			How related to deceased	Brother	

CAUSES OF DEATH

Primary	Tuberculosis		How long	1 year
Immediate	Asthma		How long	3 months
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	W.H. Miller	
		Address	Hillside. Md	
Accident or Suicide?	<input checked="" type="checkbox"/>			



Name  
in  
Full

Harriet Ball Neumann.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
Sex	Color or Race	White.		Birth-place	Penns.	
Occupation	Where Residing if not at place of death					-
Married, Single or Widowed	Name of Wife or Husband	Milton Neumann.				
Father's Name	Jas. Ashton.					
Mother's Maiden Name	Hannah Hendricks					
Name of person giving information	Mrs. Hos. Bridgford					
	Daughter.					

## CAUSES OF DEATH

Primary

Pneumonia

93

How long

5 days

Immediate

Exhaustion.

How long

Are the name, age, sex, color, date and place correctly given above?

Yrs

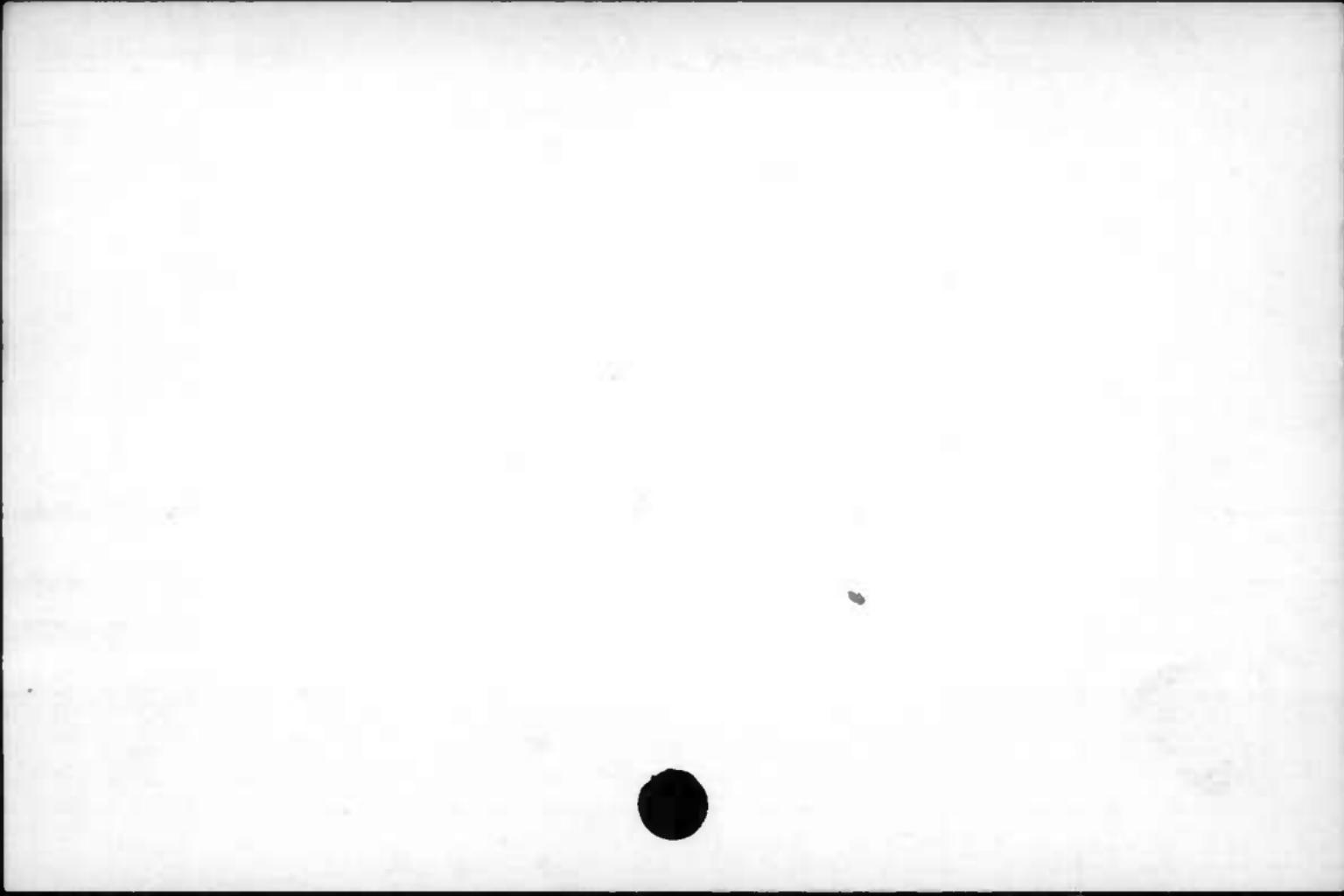
Signature of Physician

J. J. Stone

Address

Ridgely  
Md.

Accident or Suicide?



Name  
in  
Full

Ollie Lockerman Sifor

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Ridgely	Town	Caroline	County	MARYLAND	
Date of death	1906	Month 3	Day 16	Years one	Months 8	Days
Sex	Female	Color or Race	African	Birth-place	Md.	
Occupation	Infant	Where Residing if not at place of death				Caroline Co.
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Marshall Lockerman				Father's Birthplace	Md.
Mother's Maiden Name	Harriet Sifor (not married)				Mother's Birthplace	Md.
Name of person giving information	Wm Sifor (X)				How related to deceased	Grandfather

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia (93) How long  
Flour mace

Immediate

only saw child once

How long

Are the name, age, sex, color, date and place correctly given above?

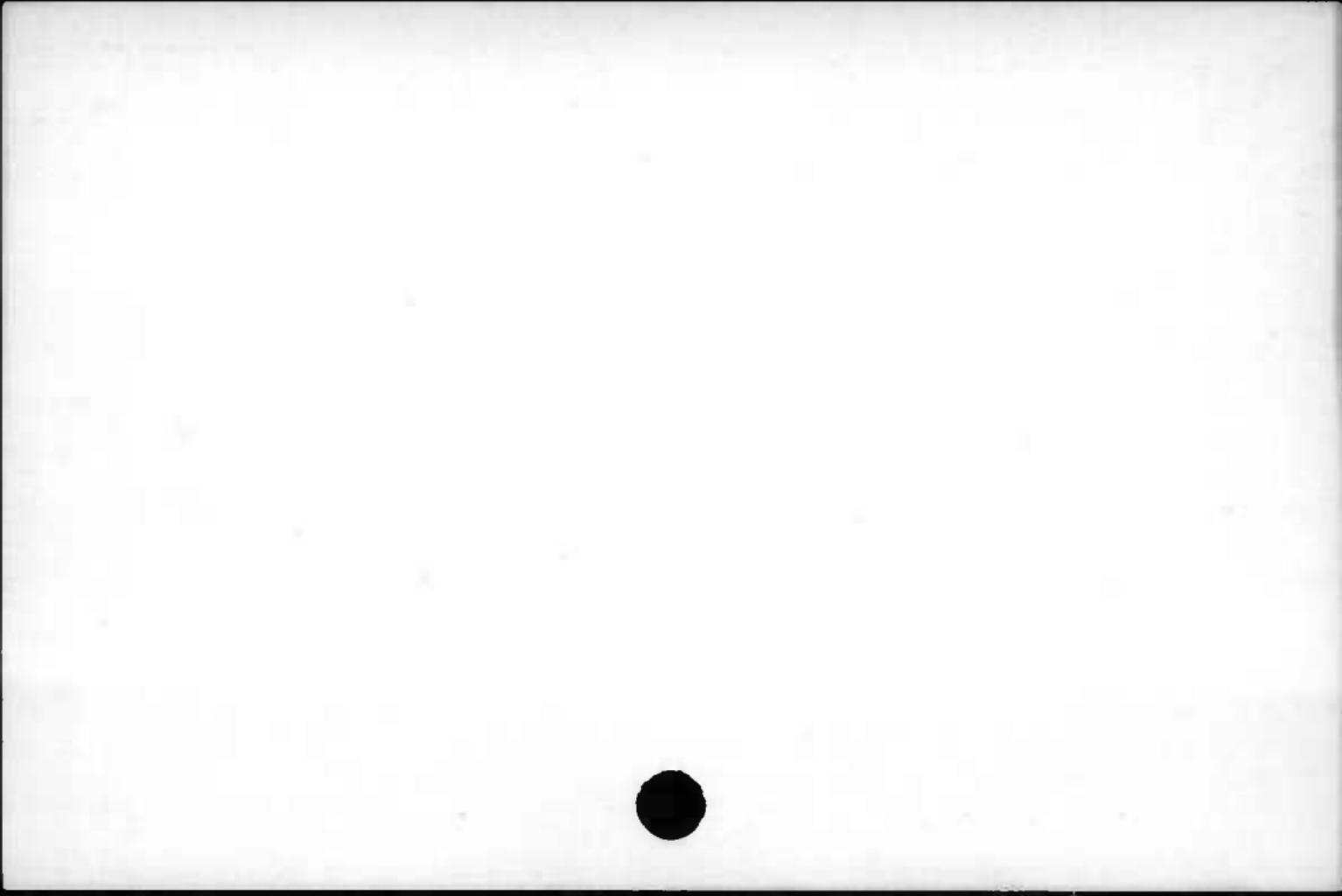
I think so

Signature of Physician

Address

A. H. Leonard,  
Ridgely, Md.

Accident or Suicide?



Name  
in  
Full

Seth

CERTIFICATE OF DEATH

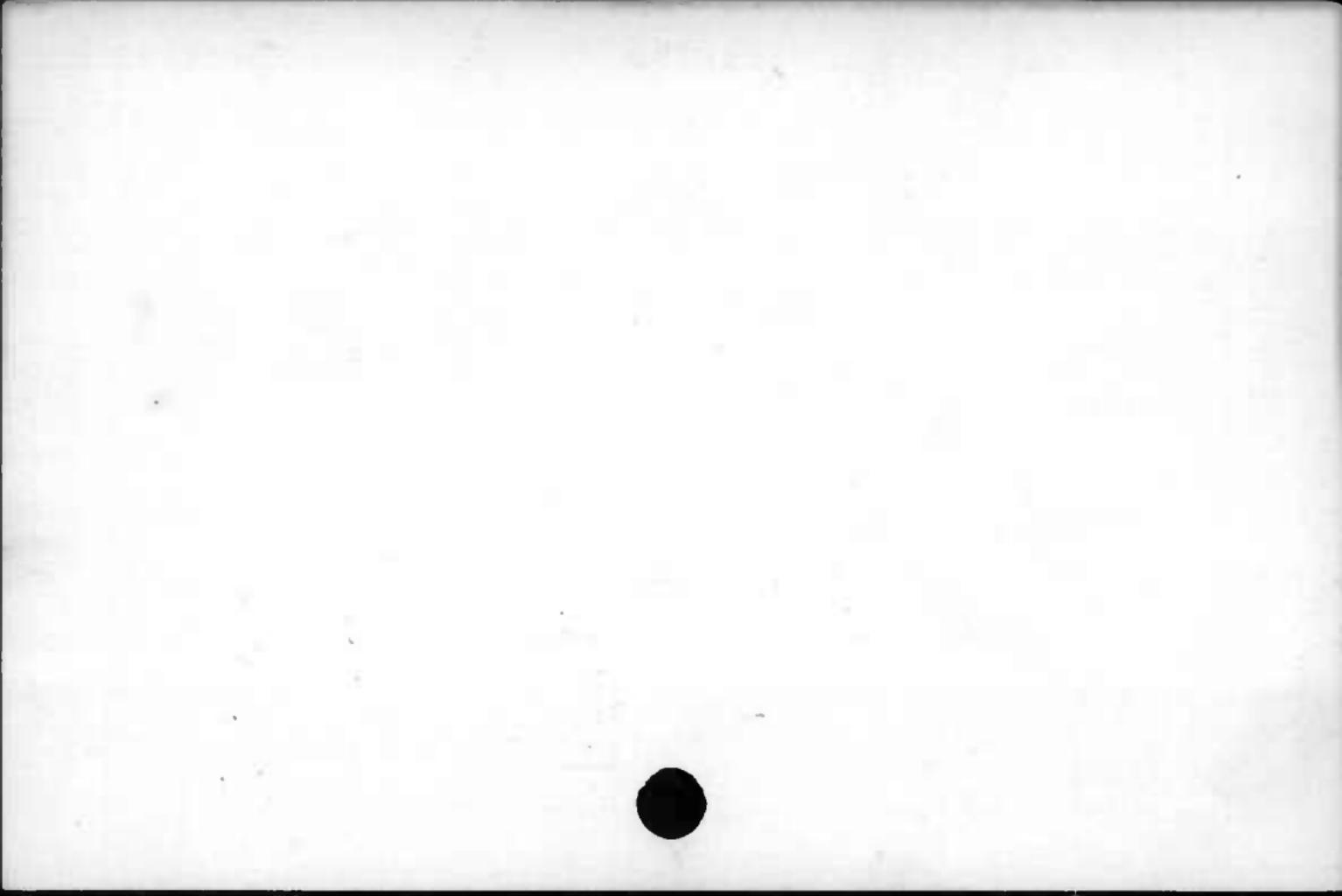
To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Ridgely</u>		Town	<u>Caroline</u>		County	MARYLAND	
Date of death <u>1906</u>	Month <u>3</u>	Day <u>27</u>	Age	Years	Months	7	Days
Sex <u>Female</u>	Color or Race	<u>Negro</u>			Birth-place	<u>Id</u>	
Occupation	Where Residing If not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	<u>Stephen Thos. Seth.</u>						
Mother's Maiden Name	<u>Clintonia Clark -</u>						
Name of person giving information	<u>S. J. Seth,</u>						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Measles</u> -	⑥	How long <u>one week</u>
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>S. J. Stone,</u>	
		Address <u>Ridgely.</u>	
Accident or Suicide?			



Name  
in  
Full

Laura Bone Spencer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			•	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

93

How long

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

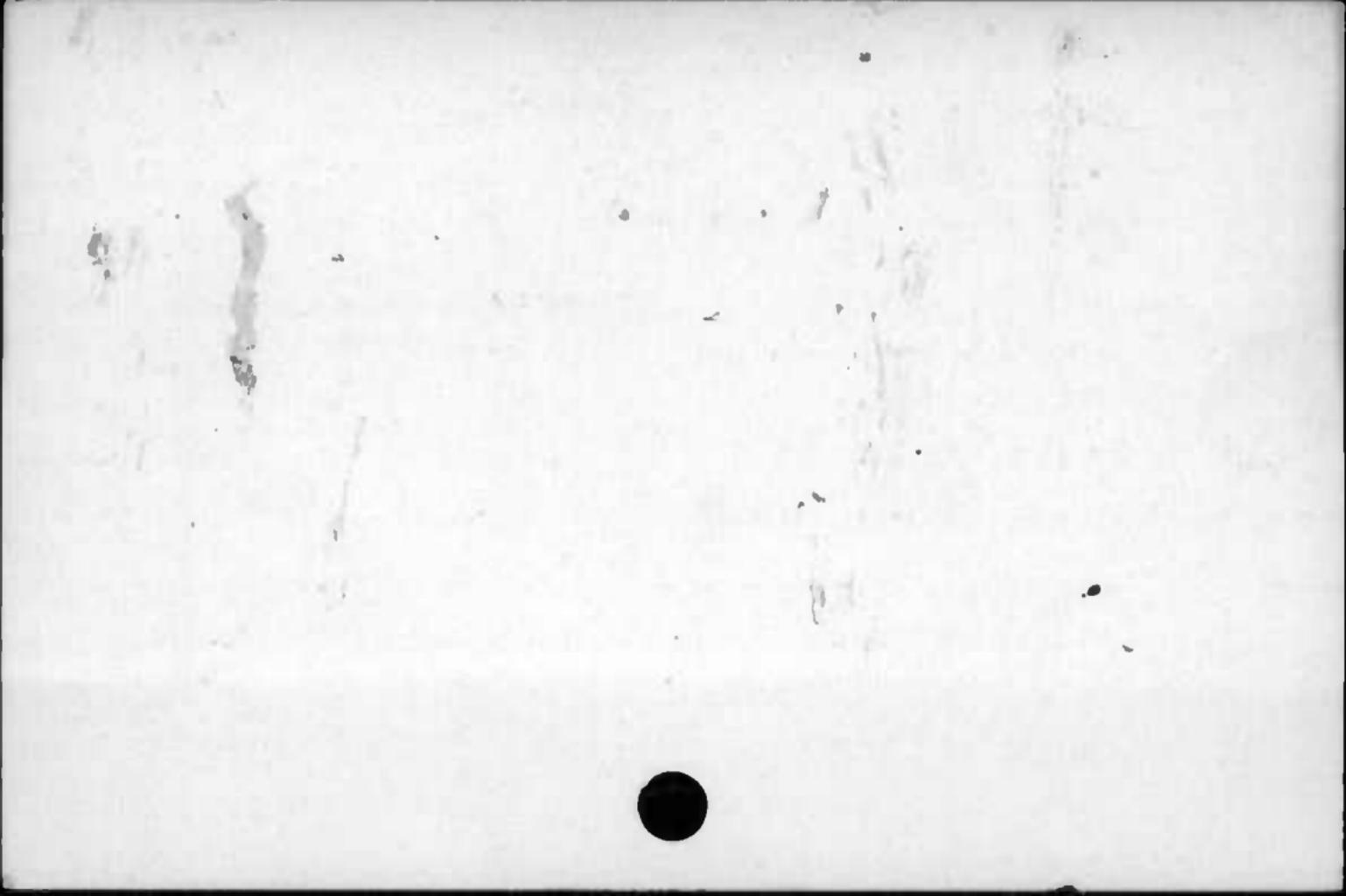
Signature of Physician

Address

J. N. Kiseles M.D.

Deuter M.D.

Accident or Suicide?



Name  
in  
Full

Netta Blauché Stanford

CERTIFICATE OF DEATH

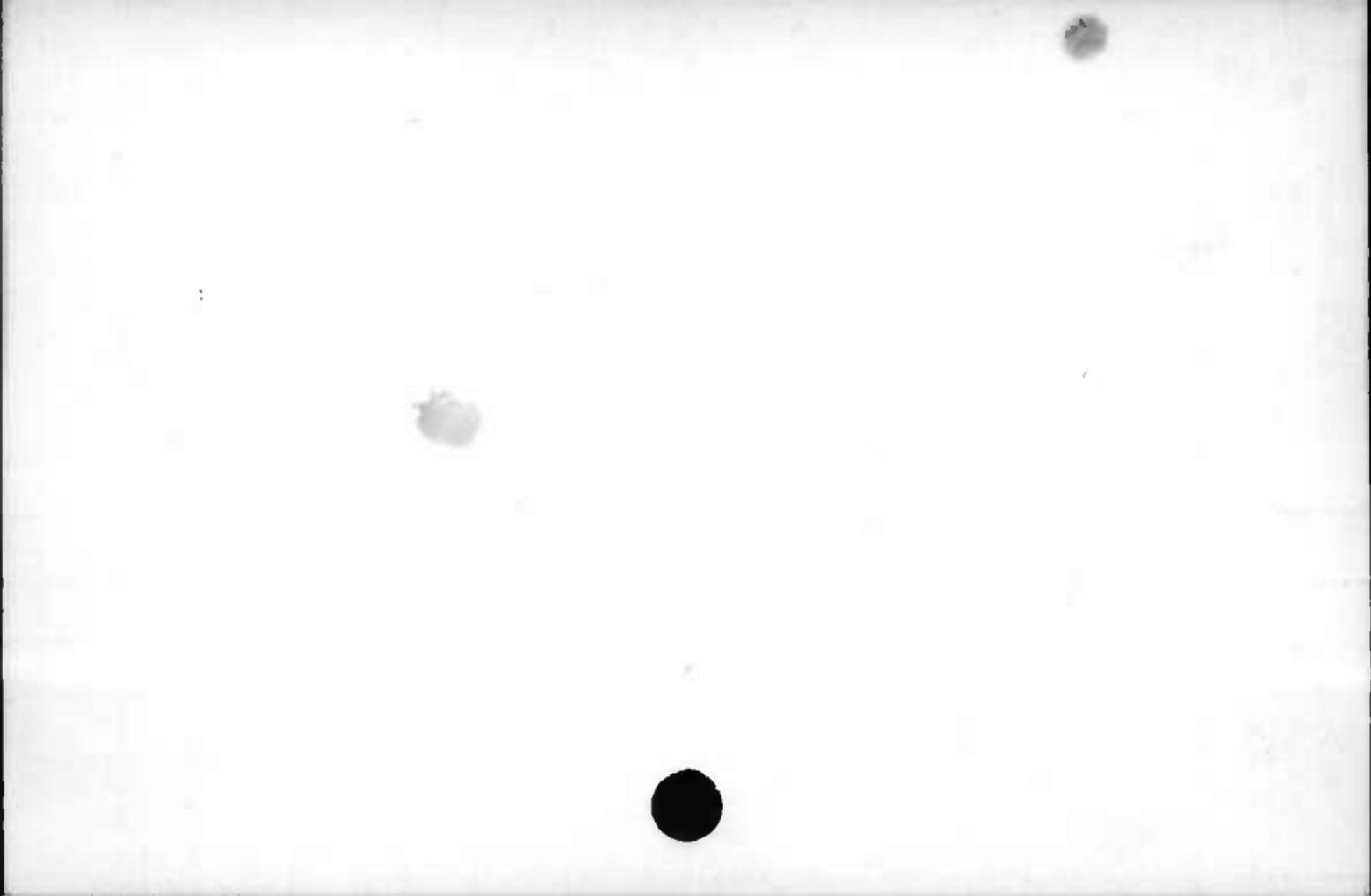
To BE ANSWERED BY  
NEAREST FRIEND

Town	Newton			County	Caroline	
Died at	Month	Day	Age	Years	Months	Days
Date of death	1906	McL	8	17	2	11
Sex	Female			Color or Race	Colored	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single			Name of Wife or Husband		
Father's Name	John Stanford			Father's Birthplace		
Mother's Maiden Name	Hoggar Foster			Mother's Birthplace		
Name of person giving information	John Stanford			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia Sepsis		How long	about 5 days
Immediate	Sepsis		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Raymond Downey
Address				
Accident or Suicide?				



Name  
in  
Full

Nugato Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <u>near Gettysburg</u> Town		County <u>Caroline</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Me</u>	Day <u>30</u>	Years <u>62</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary C. Wallace</u>				
Father's Name <u>Alonzo Wallace</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Gaybril</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>Mary C. Wallace</u>	How related to deceased <u>wifewid</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

66

How long

2 mo.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yrs

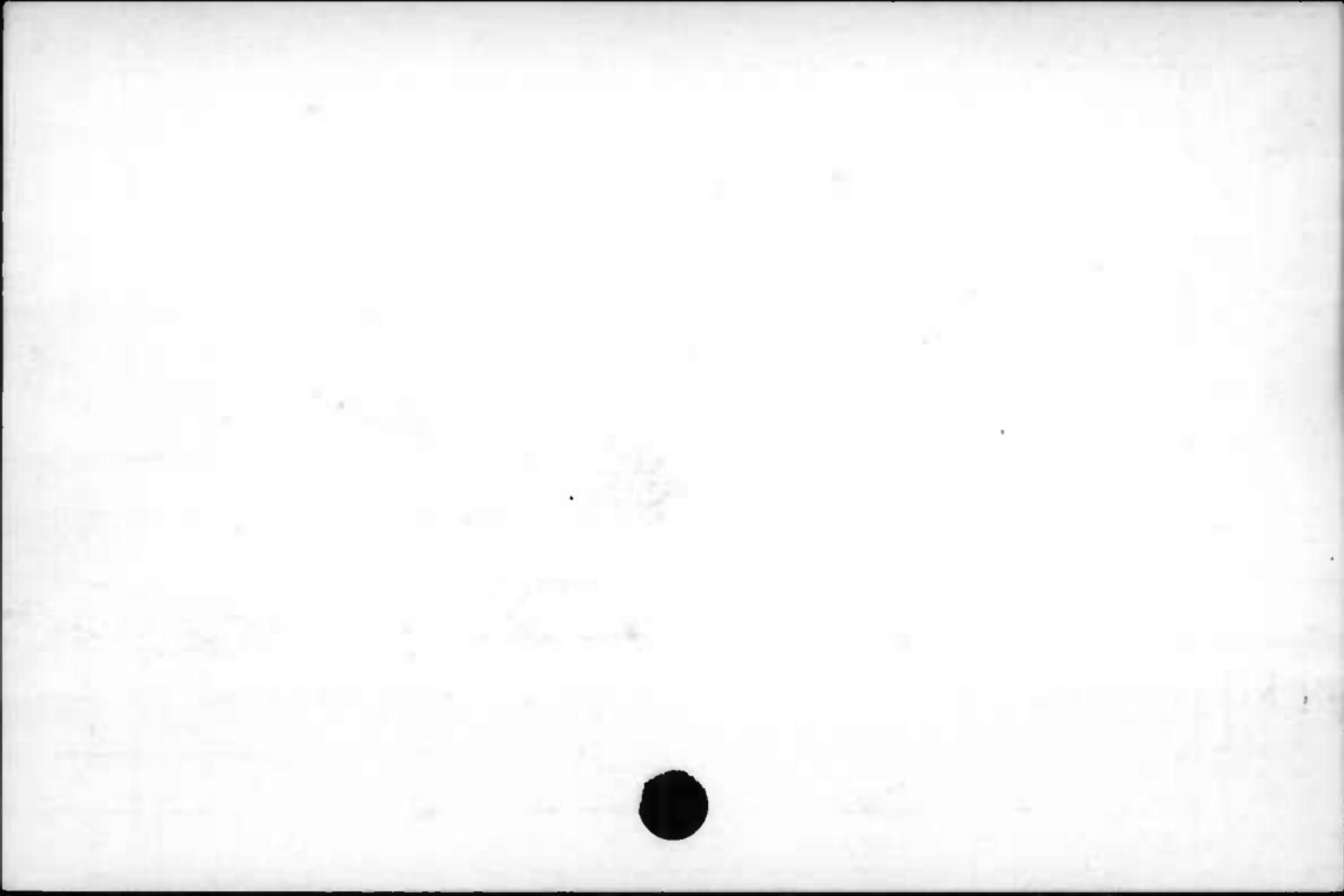
Signature of Physician

J. J. Hobbs

Address

Preston  
Md

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

John O. Malone

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1906	Month 3	Day 15	Years 49	Months —	Days —	
Sex	Male	Color or Race	White	Birth-place	Md		
Occupation	Farmer		Where Residing if not at place of death	Same			
Married, Single or Widowed	Married	Name of Wife or Husband	Anne Malone				
Father's Name	J. H. Malone		Father's Birthplace	Md			
Mother's Maiden Name	Mary Malone		Mother's Birthplace	Md			
Name of person giving information	Mr. J. A. Malone		How related to deceased	Wife			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

93

How long

One week

Immediate

Same

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

P. R. Fidler

Opuntia

Md

Accident or Suicide?

